



## Delaware HIV Prevention - Standard HIV PrEP Referral Form

**Note: Please complete this form if the DPH PrEP Navigator is the selection for client PrEP assistance. Agencies may also use direct referral methods with providers if so desired by the client.**

Client Name

Date of Birth

Address

Phone Number

Email

Primary Language

Interpreter Required  
(Yes/No)

Client Signature

Referral Agency

Counselor Name

Submit completed form to FAX# 302-739-2550 to the attention of the Delaware Public Health HIV PrEP Navigator. If assistance is required, please contact 302-612-2102 and consult the PrEP Navigator.